

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5401PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2009
NAME OF PROVIDER OR SUPPLIER ALL VALLEY HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 535 S DECATUR BLVD LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your facility on May 5, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>These findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The agency had applied for a license as a Personal Care Aide Agency which provides in-home personal care services to elderly and disabled persons.</p> <p>The census was 157 clients.</p> <p>Twenty-nine client charts were reviewed.</p> <p>Twenty-three employees files were reviewed.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	P 000		
P 200	<p>Section 15(11 Performance Evaluation</p> <p>11. Provide for periodic evaluations of the performance of attendants and other members of the staff of the agency;</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency did not have documentation of following the agency policy for</p>	P 200		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 200	Continued From page 1 annual periodic performance evaluations for 2 of 13 staff employed with the agency for over a year. Findings include: The agency policy and procedure manual was reviewed. The manual revealed a policy for evaluating staff annually. Employee files were reviewed. The files for Employees #18 and #20 did not contain documentation of an employee evaluation, even though those employees had been employed with the agency for over a year.	P 200			
P 230	Section 16.1(a-i) Personnel File Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (a) The name, address and telephone number of the attendant; (b) The date on which the attendant began working for the agency; (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375; (d) Evidence that the references supplied by the attendant were checked by the agency; (e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant; (f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division; (g) Proof that the attendant is at least 18 years of age;	P 230			

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P 230	<p>Continued From page 2</p> <p>(h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and</p> <p>(i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to have documentation of the testing required by NAC 441A.375 for 3 of 23 attendants. The agency failed to have documentation of compliance with NRS449.179 for 1 of 23 attendants.</p> <p>Findings include:</p> <p>Employee files were reviewed. Employees #4, #9 and #20 did not have documentation of completion of a signs and symptom screening in their files, although these attendants had positive PPD tests in the past. Employee #1 did not have documentation of a signed criminal history statement in the file.</p>	P 230			
P 300	<p>Section 19.1(a) Knowledge of Code</p> <p>Sec. 19. 1. Each attendant of an agency shall:</p> <p>(a) Obtain a working knowledge of the provisions of this chapter which govern the licensing of agencies before providing personal care services to the clients of the agency. The agency must provide a copy of those provisions to an attendant before the attendant may provide personal care services to the clients of the agency.</p>	P 300			

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P 300	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency did not ensure 3 of 23 employee files had documentation that the attendants understood this chapter and chapter 449 of NRS, obtained a working knowledge of the provisions or were provided a copy of the regulations.</p> <p>Findings include:</p> <p>Twenty-three employee files were reviewed. The files for Employees #8, #9 and #12 did not contain documentation that the attendants understood this chapter and chapter 449 of NRS, obtained a working knowledge of the provisions or were provided a copy of the regulations.</p>	P 300			

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